

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533009

FILING DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4		2				
5		1				
6		1				
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49						
50						

TOTAL IND.

2



2



TOTAL DEP.

14



13



TOTAL CLAIMS

16



15



TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS

